Clarke Mattingley Teonardtown,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Md

REG. NO

26 HOUR

176 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER I YEAR

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DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE

REGISTRAR

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201y 12, 1981 | 11:50h eluos (nun) sonce .A. - . L 23[32] Physician Severit Mossibal House wife ... own House opened superio tipe | x | we been abten! | hesitade bastersi A THE PARTY OF THE LAND COME OF 15 18-61-7 reans) (soutements) teliand Dr. E. S. deth, M.D. | Seldort, Marylond Elect Desiral distribute vistant alles to 15-81 lb ries ind. Hint's Funeral Home, waledn't, Maryland pil Ly 1881 - Maryland

The World Property of Section Light or and the first of the figure in the figure in the first of the and Lyanton he place the second of the second sec Cold to the control of the control o aming antique where the single of the constitution Unit Dud, many and west select below D. 12-025 at . Dr. . selusni uncaven useluni sivusi tida - 10-85-1 (sinuc Selection of the select free as sure out inome in Place. Mr.

| 7  | 1 - ST.      |  |                               | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. |  |                      |                     |                       |                        |                              |             |   |          |  |  |
|--|--------------|--|-------------------------------|--|--|----------------------|---------------------|-----------------------|------------------------|------------------------------|-------------|---|----------|--|--|
| 25 34 35 F.  | 1. DECE.     | ASED NAME  | FIRST<br>E 1 m                | er Her   | MIDDLE   | vast<br>Vn           |                     |                       | OF ESTI-<br>EATH MATED | MONTH 7                      |             | 81 M  |          |  |  |
| MRY, PLE<br>DISECTOR<br>OFFI<br>PASSING  | 3. SEX<br>ma |  | white                         | 5. DATE OF BIRTH   | 29,1895 BI   | ARS IF UN            |                     |                       |                        |                              |             | DAY   | 81 10:00 |  |  |
| N NGESSA<br>F FOR AL   | Was          | HPLACE (STATE OF   | 3.                            | U.S.A  |  | 8.<br>MARRI<br>WIDOW |                     | VER MARRIE<br>DIVORCE | TY OF DEAT             | Y OF DEATH AM                |             |   |          |  |  |
| SI HOUSE   | La           | ortown of E<br>Plata   |                               | Physici  | SPITAL, NÜRSING HOM<br>ACILITY, GIVE STREET ADDRESS)<br>Lan s Memor: | ia1                  | ER INSTITU          | TION                  | 12b KIND O             | OR INDUSTRY                  |             |   |          |  |  |
| D. 21201<br>IF ANY DELA<br>2, AND 3 TO<br>SHOULD BE<br>SHOULD BE   | 130. STA     |  | INURSING HOME O               | ROTHER INSTITUTION, GI   | 13, CITY OR TOWN   | 13d. INSIDE (I       | ITY LIMITS?<br>NO 🔼 | 13. SREEZ             | Holly                  | Tree                         | Lane        | 2   |          |  |  |
| ORE, MD. DEATH IF  | 14. FATH     | Harry  |                               | WIDDLE   | Brown  |                      | 15. MOTHE           | R'S MAIDEN            | N NAME                 | MIDDLE                       |             | Baker   |          |  |  |
| .; BALTIMORI<br>URS AFIER DE<br>BE GIVE PAGES<br>WITH FORM<br>T. PAGES 1 AN<br>DIVISION OF   | Ida. WAS     | DECEASED EV<br>NO. OR UNKNOWN)   | ER IN U.S. ARA                | AED FORCES?  | 16b. SOCIAL SECURIT  |                      | 17. INFORM          |                       | . Bro                  | ADDRE                        |             | 13  |          |  |  |
| BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFFER DEATH. IF RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. E 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2.51 E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF-VITAL OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.  |              | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  |                               |  |  |                      |                     |                       |                        |                              |             |   |          |  |  |
| F VITAL REGISTRES HE CHEF MAND "PER CHEF MAND "BE USED A BE USED A BUILT F HEALT CHEF MAND "BUILT F HEALT F HEALT CHEF MAND "BUILT F HEALT | TIFIC        | a DATE OF OPE  |                               | 19b. CONDI   | TION FOR WHICH OPER  |                      |                     | MED?                  | 28 AUTOPSY?  YES NO NO |                              |             |   |          |  |  |
| DIVISION OF VITAL RI<br>ATE, WRITING THE WORD "PE<br>CORWARDED TO THE CHIEF N.<br>DR. PAGE 3 SHOULD BE USED.<br>HE STATE DEPARTMENT OF HE<br>ND, 21201 PRIQR TO BURIAL,  | DICAL        | NDERLYING DONTRIBUTING DO | CAUSE OF D                    | HOUR A.M P.M 21e PLACE ( STREET FAC  | MONTH DAY YEAR   | 21f. LO              | CATION              | OCCORNED              |                        | ORTOWN                       |             | IUNTY   | STATE    |  |  |
| TO MEDICAL EXAMINER: TI<br>EXECUTE THE CERTIFICATE.<br>PAGE 4 SHOULD BE FORW.<br>TO FUNERAL DIRECTOR: PA<br>AFTER DEATH, WITH THE ST.  | Ai<br>Si     |  | at I took chorge<br>am: Natur | Bir  | Accident , Su  |                      | Hamic               | PECIFY)<br>Lstant     | Undetermin             | ed manner  EXAMINER  treet B | and in my o | TD 2120   | /14/81   |  |  |
| BP   | 865          | AL, CREMATION  |                               | 7-16-81  | Md. Ve   | t. C                 |                     | ery<br>ery            | cher                   | tenham                       | , P. G      | Mar, Mar  | yland    |  |  |
| Jeh (VR A15 ME (5))<br>15M 2/80  |              | itt Fur  |                               | Home, ADD W  | aldorf, M  | aryl                 | and                 | ZOO. DATE RE          | 2 1 19                 | 81 Ta                        | mu G        | SIGNATURE<br>Name of the Control of the | 6-       |  |  |

29 300 (000 100) and Lifesty comprise terrals common of a latesty AFT STARTS TRACTION OF THE START BETT FOR THE pristed Md. Wet. Commence of Charles F. C. Junta Cond E TAY DE bondyred (Tronted , men) formand fraudy

| <u></u>  |    | FOR<br>STATE<br>REGISTRAR   | STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH   | GIENE 8 1 1 8 5 9 6  |
|--|----|---|---|--|
| (1)  |    | TYPE OR PRINTS  James   | s Richard Cullins   | July 20,1981 140   |
| (M)  | 3  | ale   | White S. DATE OF BIRTH AUG. 18,1914   | 6 AGE (IN YEARS LAST BIRTHDAY)  16 UNDER 1 YEAR 16 UNDER 24 HRS  MONTHS DATS HOURS MIN.    |
| deoth. Permit 72 Hin 72 Hin at onic  | 7  | S. BIRTHPLACE (STATE OR FOREIGN<br>COUNTRY)   | U.S.A.  WIDOWED DIVORCED  | Charles County,  |
| by the fulled with   | 2  | LaPlata   | III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF POINTSUCHE CITY CITY STREET ADDRESS)  IT EMORITAL HOSPI   | 178 USUAL OCCUPATION 178 FOR WORK FOR MOST OF WORKING LIFE) INDUSTRY                       |
| filled in<br>nould be  | 5  | SUAL RESIDENCE (IF NURSING HOME OF  | or other institution give residence before admission   134 Inside City Limits?  | Box 85 Rt. #1 Hanson Rd  |
| ond 2 st   | 30 | John A. Cull  | MIDDLE LAST FIRST   | MIDDLE LAST  |
| in ond co  | 1  | WAS DECEASED EVER IN U.S. A   |   | ADDRESS  |
| equires that the death certific<br>signed by the attending ph<br>Then please remove carbona<br>to burial, cremation, or remo<br>njury, or ather traumatic even |    | Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT   | DOLLY ONE COUSE PER LINE AT COLOR (b), OND (C)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  |  |
| he law re<br>an.<br>hos beer<br>t permit.<br>ene prior   | 7  | 190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED   | 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO |
| PHYSICIAN: The tending physicia tribis certificate by the buriol-transit and Mental Hygie ed ar item 18 sho  |    | TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI TIG. INJURY OCCURRED  WHILE NOT WHILE  | EATH HOUR A.M. MONTH DAY YEAR   | RRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)  CITY OR TOWN COUNTY STATE       |
| L OR ATTENDING the hospital or of the DRECTOR: After tacked for use os the e Dept. of Health o   |    | 220.1 certify that (1) (this hasp<br>sow the deceased alive or  | out New the body ofter death.  DEGREE   | death occurred on the date and hour and from the causes stated  27c. DATE SIGNED           |
| TO HOSPITAL retained by the TO FUNERAL should be determined with the State IMPORTANT:  | 7: | 27d PHYSICIANS NAME ( )   | ATTENDING PHYSICIAN  220 ADDRESS 6-2-1 Belove  1 180 Date  230 NAME OF CEMETERY OF CREMATORY  | tRd #460 Hyatte ville, hd 20782  |
| BP   |    | BURIAL, CREMATION, REMOVAL  SPECIAL SERVICE  FUNERAL DIRECTOR, A.A. FILL  FUNERAL DIRECTOR, A.A. FILL  FILL | o , - , o , - o , - o , - o , - o , - o , - o , - o , - o , - o , - o , - o , - o , - o , - o , - o , - o , - o , - o , - o , , - o | ery Suitland P.G. Id.  TE REC'D BY REGISTRAR PREGISTRAR'S SIGNATURE                        |
| (VRA 15, 4)  | 00 | 33 "Old Alex.   | Ferry Rd. Clinton Tomas   | L27 1981 Krane Que Marthe  |

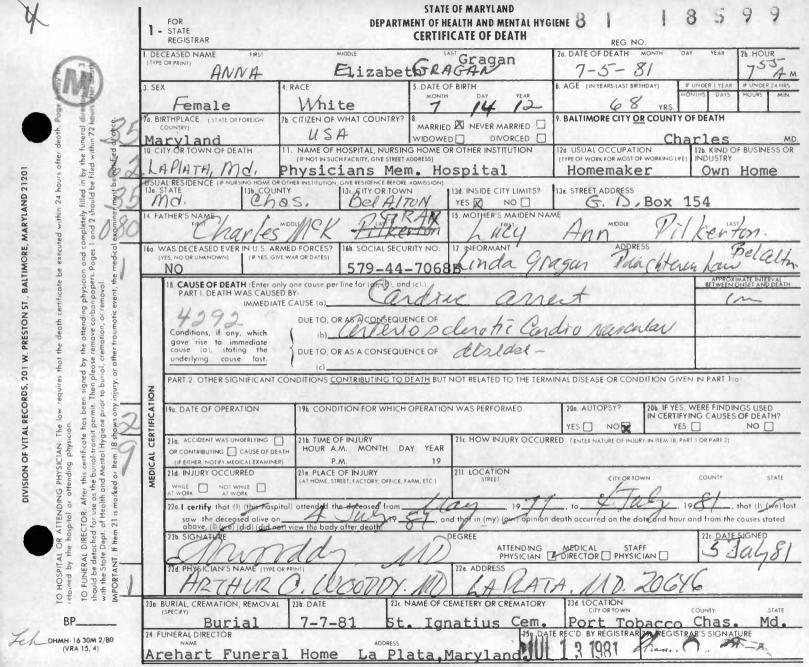
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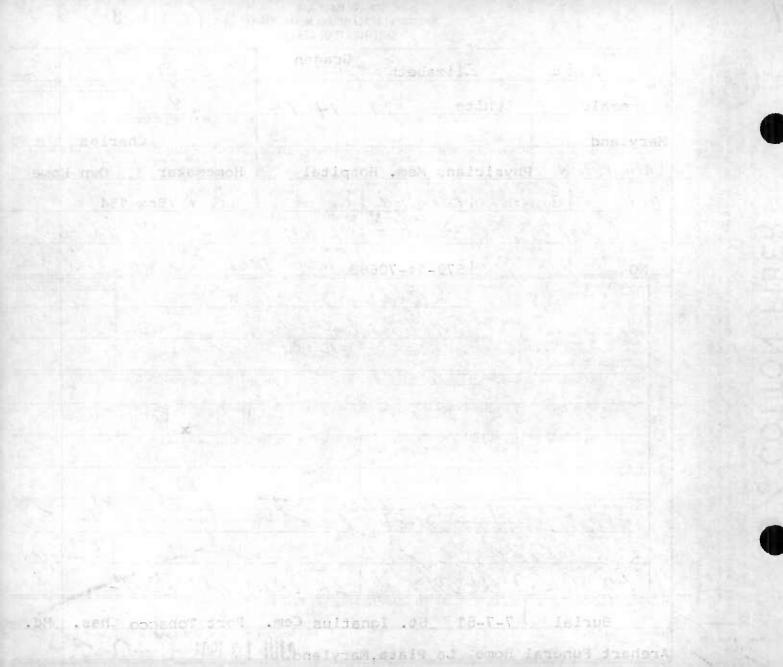
STATE OF MARYLAND

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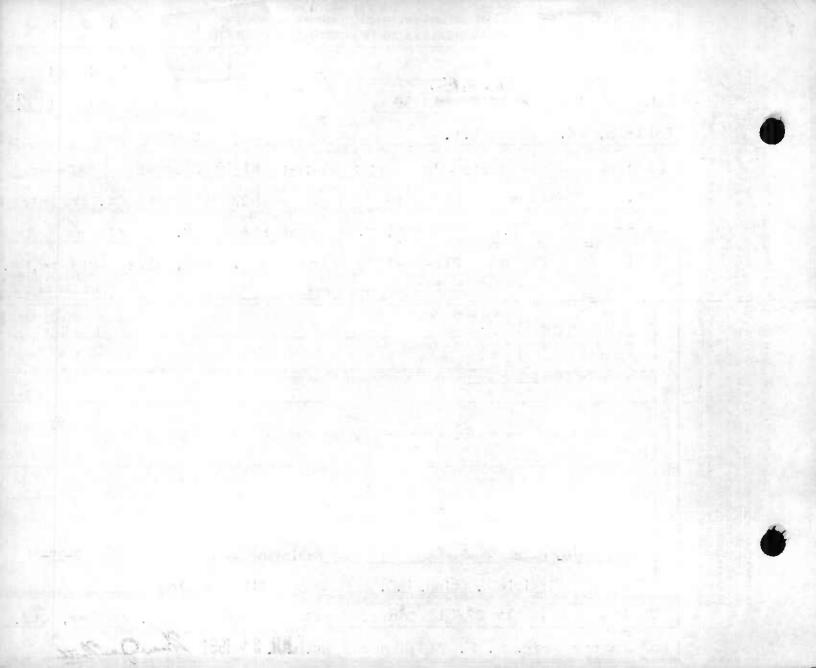
| 2  | 1             |  |                                |                      | E OF MARYLAND       | 29 2                          | 1 0                           | - 0 0                      |
|--|---------------|--|--------------------------------|----------------------|---------------------|-------------------------------|-------------------------------|----------------------------|
| <b>S</b>   | 1.            | FOR<br>- STATE<br>REGISTRAR                          | D                              |                      | EALTH AND MENTA     | H                             | 1 8                           | 3 7 0                      |
| m.s  |               | CEASED NAME FIRST                                    | WIDDLE                         | •                    | AST                 | 2g. DATE OF DEATH             | NO.                           | EAR 26 HOUR                |
| y be   |               | JAI  | nes Be                         | RRY GIL              | R04 S               | R. 7-2                        | 6-81                          | 7:03 M                     |
| for, po  | 3. SE         | X  | 4 RACE                         | S. DATE C            | OF BIRTH /          | 6. AGE (IN YEARS LAS          | MONTHS                        | DAYS HOURS MIN.            |
| 5  |               | Male   | White                          | 3                    | 8 19                | 08                            | 73 YRS                        |                            |
| oth. Po  | To            | RTHPLACE (STATE OR FOREIGN COUNTRY)                  | 76 CITIZEN OF WHAT CO          | MARRIE               | NEVER MARRIE        | BALTIMORE CIT                 | Y OR COUNTY OF DEA            | TH                         |
| er death.  er funeral within 72 ied bt onc   |               | Maryland ITY OR TOWN OF DEATH                        | U.S.A.                         | WIDOWE               |                     |                               | arles                         | MD.                        |
|  | 100           |  | (IF NOT IN SUCH FACILITY, G    | IVE STREET ADDRESS)  |                     | (TYPE OF WORK FOR MO          | ST OF WORKING LIFE) INDU      | IND OF BUSINESS OR<br>STRY |
| burs of in by the filled be south  | 2050<br>4050  | La Plata AL RESIDENCE (IF NURSING HOME               | Physicians                     | Memori               | al Hospi            | tal Self Em                   | ployed  Sa                    | w Mill Owr                 |
| BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysician and campletely filled in by apers. Pages 1 and 2 should be fill vol. t, the medical examiner must be fit   | 13c.          | STATE 136 CO   | OUNTY 13c. CITY (              | OR TOWN              | 134 INSIDE CITY LIM |                               |                               |                            |
| LAN hin 2 should should be the | 14 F          | Md. Ch   | narles   Nan                   | jemoy                | YES NO E            |                               | Box 34                        |                            |
| MARY mplete and 2 examir   | 1             | FIRST  |                                | IAST                 | FIRST               | MIDDL                         | E                             | LAST                       |
| E, A   | 160           | Maynard  VAS DECEASED EVER IN U.S.                   |                                | 1roy AL SECURITY NO. | Anni                |                               | DRESS Mu                      | rphy                       |
| MORE, execution of the property of the propert |               | YES, NO OR UNKNOWN) (IF YES.                         | GIVE WAR OR DATES)             |                      |                     |                               |                               |                            |
| LTIM<br>Cian<br>Cian<br>He m   |               | NO   |                                |                      | Josephi             | ne Gilroy                     | same as #                     |                            |
|  |               |  | anly ane couse per line far to | (, (b), and (c).)    | 1. CA               | unth 2                        | merel of                      | WEEN ONSET AND DEATH       |
| certification of remover removed in every  |               | 160 IMMED  | IATE CAUSE (a)                 | - 0,,,,,,,           |                     | 0                             | 0                             |                            |
| death contending of the conten |               | Condition 1  | DUE TO, OR AS A CO             | nsequence of         | r= 1. 1)            | · Luxo                        | 5 4                           |                            |
| PRE de de cot emay matie   |               | Canditians, if any, which gave rise to immediate     | ) (0)                          |                      | and                 | 1                             |                               |                            |
| W.P  |               | cause (a), stating the underlying cause fast.        | DUE TO, OR AS A CO             | NSEQUENCE OF         | bon                 | er.                           |                               |                            |
| 201<br>ned I<br>plea<br>urial  |               | PART 2 OTHER SIGNIFICAN                              | T CONDITIONS CONTRIBUTI        | NG TO DEATH BUT      | NOT RELATED TO TH   | IF TERMINAL DISEASE OR CO     | ONDITION GIVEN IN PA          | PT lin                     |
| RDS, 7   | NO            |  |                                |                      | TO THE PARTY OF THE | L TERMINAL DISEASE ON CO      | SNOW ON EN INT A              | KI WO                      |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON NG PHYSICIAN: The law requires that the death accordending physician. After this certificate has been signed by the attending as the burial-transit permit. Then please remove cache the and Mental Hygiene prinar to burial, cremation, are privated at them 18 shows any injury, are other traumatic orked at them 18 shows any injury, are other traumatic.   | CERTIFICATION | 190. DATE OF OPERATION                               | 196 CONDITION FOR              | WHICH OPERATIO       | N WAS PERFORMED     | 20a AUTOPSY?                  | 20b. IF YES, WERE F           | INDINGS USED               |
| ALRE loon. hos to per cons   | 1 1           |  |                                |                      |                     | YES NO                        | IN CERTIFYING CA              | NO []                      |
| 4 OF VITA<br>SICIAN: TI<br>ng physicia<br>certificate<br>ental-transit<br>ental Hygis<br>frem 18 shr   | W W           | 210. ACCIDENT WAS UNDERLYING                         |                                | THE DAY VEAD         | 21c. HOW INJURY C   | OCCURRED (ENTER NATURE OF     | NJURY IN ITEM 18 PART I OR PA | RT 2)                      |
| SICIA<br>ng ph<br>certifi<br>urial-ti<br>ental<br>frem   | 1 4           | OR CONTRIBUTING CAUSE OF                             | DEMINI                         | TH DAY YEAR          | 100                 |                               |                               |                            |
| HYS<br>ndin<br>his c<br>bur<br>d Me  | MEDICAL       | 21d. INJURY OCCURRED                                 | 21e PLACE OF INJURY            |                      | 211 LOCATION        | CITY O                        | RIOWN COUN                    | ITY STATE                  |
| IVIS<br>offer the thought of the thought of the thought of the   | 2             | WHILE NOT WHILE AT WORK                              | (AT HOME, STREET, PACTORY      | OFFICE, FARM ETC )   | JIACET              |                               |                               | 31416                      |
| ENDIN<br>tol or<br>DR: Al<br>DR: Al  |               |  | spital) attended the deceased  |                      | .5 , 19.            | 81 to 1-8                     | 19.0                          | , that (1) (we) last       |
| Spiral Popularia   |               | saw the deceased alive<br>above, (1) (we) (did) (did | an                             | 19.8., or            | d that in (aur) a   | ipinion death occurred an the | e date and have and fram      | m the causes stated        |
| OR A<br>DIRE<br>sched<br>Dept  |               | 226. SIGNATURE                                       | - 4                            |                      | EGREE               |                               |                               | DATE SIGNED                |
| 75 750 2   |               | Lynn   | 1. June                        | , on k               | ATTEND<br>PHYSIC    | DING MEDICAL S                | TAFF<br>SICIAN []             | 12681                      |
| HOSPITAL<br>ined by th<br>FUNERAL<br>vold be dete<br>h the State   |               | 224. PHYSICIAN'S NAME (TYP                           | PE OR PRINT)                   |                      | 22e ADDRESS         | 1 1                           |                               |                            |
|  |               | NR IGNI  | ACIO GARCI                     | A                    | LAPLA.              | TA, Ind -:                    | 20696                         |                            |
| 5 å 5 å ₹ <del>▼</del>   |               | BURIAL, CREMATION, REMOV.                            | AL 23b. DATE                   | 23c. NAME OF C       | EMETERY OR CREMA    | TORY 23d. LOCATION            | COUNTY                        | STATE                      |
| BP   |               | Burial   | 7-29-81                        | Gilro                | Cemete              |                               | ov Charle                     |                            |
| DHMH-16 30M 2/80   | 24 F          | UNERAL DIRECTOR                                      |                                | DDRESS               | 2                   |                               | AR 25 DEGISTRAR'S SIC         | GNATURE                    |
| (VRA 15, 4)  | 1             | rehart Fune  |                                | a Plata              | .Md.                | anr a n 1381                  | Marce Gir                     | Mostle                     |

and and the same of the same o .. Plats - Physicians Wemerial Hespitalisulf Ingloyed Saw Mill Dun Nd. 13 arles Nonice No. 121 1 x 121 1 10x 34 12 11 - 2013 AS BREE L'OTELE BARROUSE AN ENER AN ENER scenert numeral Home In Place, Hd. 1981 Show Q. Z. 2





| 15  |  |               | en 5 G 558<br>FOR Items (  | #18a-22                         | e Film   | DEPART  | MENT OF             | REALTH     | ARYLAN<br>AND MI              | ENTALE        | IYGIEŅ                         | 5 1                                |                  | 8             | 6       | 0       | 0           |  |  |
|---|--|---------------|--|---------------------------------|--|---|---------------------|------------|-------------------------------|---------------|--------------------------------|------------------------------------|------------------|---------------|---------|---------|-------------|--|--|
|   |  | 1. DEC        | STATE 560 TREGISTRAN 560 TEASED NAME                                       | FIRST                           | ol re M  | MIDDLE  | EXAMIN              |            | ERTIFIC                       | CATEC         | OF DEA                         | TH<br>20. DATE KI<br>OF<br>DEATH A | REG. NO.         | MONTH         | DAY     | YEAR    | 2b. HOUR    |  |  |
| PIEAGE  | HOURS<br>THOURS  | 3. SEX        |  |                                 | DANIE BIRT   | DEATH A   |                     | 7<br>MONTH | DAY                           | 19 8 VEAR     | M<br>2d. HOUR<br>10:50<br>D. M |                                    |                  |               |         |         |             |  |  |
| 955   | 12/  | Ma<br>Ma. BI  | RTHPLACE (STATE OR REIGN COUNTRY)  | ack d.                          | b. CITIZEN OF  | WHAT COUN                                       | TRY?                | 8 MARRI    | ED NE                         |               | TY OF D                        | Y OF DEATH                         |                  |               |         |         |             |  |  |
| 15.50   |  | 10. CI        | TY OR TOWN OF DEA  |                                 | U.S.   WIDOWED   DIVORCED   Charles  II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   120. USUAL OCCUPATION (TYPE  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)   FOR MOST OF WORKING LIFE)  Physician's Memorial Hospital Night Stocke: |   |                     |            |                               |               |                                |                                    |                  | OF WORK       |         |         |             |  |  |
| 21201<br>ANY DE<br>AND 3 T  | Second Se | USUA          | L RESIDENCE HEINNU   | RSING HOME OR COUNTY            | OTHER INSTITUTION  | , GIVE RESIDENCE                                | OR TOWN             | N)         | 13d. INSIDE C                 |               | LI3e STRE                      | er address<br>Pata                 | 5                |               |         | aPla    |             |  |  |
| DEATH. IF   | AND 25 S   | J             | THER'S NAME  |                                 | MEDDLE .   |   | lerd, S             |            | Ví                            | R'S MAIDI     |                                | MID<br>C                           |                  | Si            | mm s    | LAST    |             |  |  |
| BALTIMO<br>S AFTER I<br>GIVE PA   | PAGES 1  | 160. V        |  | 6/71                            | Y e S  | 217-  | -42-12              | 25         |                               |               | D.                             | Herd                               | ADDRESS<br>, Wif | е             |         | lata    | 1 - 1 - 2 - |  |  |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD."PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, | PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAINED FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD STEED FOR THE STATE DEPARTMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF QITAL RECORD BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.   | NO            | 18 CAUSE OF DEAT PART I DEATH W  5   | ony, which immediate the under- | (c)  | OR AS A COM                                     | NSEQUENCE C         | )F<br>)F   |                               | N GIVEN IN PA | ART 1 :a                       |                                    |                  |               |         |         | AND OF ATH  |  |  |
| VITAL REG<br>SHOULD IS<br>ORD "PEN  | CHIEF MI<br>SE USED A<br>STOF HEA<br>SURIAL, CI  | CERTIFICATION | 190. DATE OF OPERA   |                                 |  |   | WHICH OPER          |            |                               |               |                                |                                    |                  |               | Y       | UTOPSY? |             |  |  |
| SION OF<br>RTIFICATE<br>VG THE W  | SHOULD E<br>PARTMEN<br>RIOR TO E   | MEDICAL CE    | 210 EXTERNAL CAUSE UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT | OR<br>CAUSE OF DE               | HOUR A   | OF INJURY<br>A.M. MONTH<br>P.M.<br>CE OF INJURY | DAY YEAR            |            | CATION                        | OCCURRE       | ED (ENTERN                     | IATURE OF INJUI                    | RY IN ITEM 18 PA | RT 1 OR PA    | .RT 2)  |         |             |  |  |
| DIVI<br>THIS CE   | PAGE 3<br>PAGE 3<br>STATE DE<br>21201 P  | ME            | WHILE NOT AT WORK  | WHILE O                         |  | FACTORY, FARM, E                                |                     | S          | TREET                         |               |                                | CITY OR TOWN                       |                  | со            | YINU    |         | STATE       |  |  |
| AEDICAL EXAMINER:   | E 4 SHOULD BE FOR UNERAL DIRECTOR: R DEATH, WITH THE STIMORE, MARYLAND.  |               | 220. I certify that death resulted from ACTUAL SIGNATURE                   | Motural                         | רישו   | Accident Dolo                                   | , Sui               | Autops     | , Homic<br>TITLE (S<br>D. ASS | sista         | Undete                         | Inquiry (ermined mon               | ner,             | DATE<br>SIGNI |         | 7-23-   | -81         |  |  |
| BP.   | PAG<br>TO P<br>AFTE<br>BALT  | 23o B         | (TYPE OR PRINT)  | EMOVAL 23b.                     | DATE   |   | NAME OF CEA<br>Sacr | AETERY O   | eart                          | ORY           | 23d. LO                        | CATION<br>Plata                    | a Md.            | cha           | rle     | S, C    | oty.        |  |  |
| Leh OH  | IMH - 17<br>15 ME (5) )<br>M 2/80  | 24 F          | ontgomer;  | y Bros                          | s. F. ADDR   | F. 71   | 9 Keni              | nedy       | st.                           |               | REC'D. BY                      | 981                                | REGIS            | TRAR'S        | SIGNATI | URE     |             |  |  |



| MEDICAL EXAMINER'S CERTIFICATE OF DEATH    In DATE PROVINCE   10   10   10   10   10   10   10   1   | 0         |   | -              | FOR                           |                        |                 | ST<br>DEPARTMENT O            |               | ARYLAND                   | I HYGIENÊ             | 1                     | 8 5 1                             | 11                               |
|--|-----------|---|----------------|-------------------------------|------------------------|-----------------|-------------------------------|---------------|---------------------------|-----------------------|-----------------------|-----------------------------------|----------------------------------|
| THE CHERRY IN THE CHARLES THE THOUSE FUNDER 178 FUNDER 24 FRO. TO DEATH MARKED   7-17-8 81 PLANE OF THE CHARLES THE PLANE OF THE PLANE  | 8         |   |                |                               |                        | M               |                               |               |                           |                       | REG. NO.              |                                   |                                  |
| LaPlata  PHYSTETION** S** Memorial Hospital    Osmail programs per programs (set)   Decided   De |           | 33 × × × × ×  |                |                               |                        | rec U           |                               | IQT           | LAST                      | OF                    | ESTI-                 |                                   | 2b HOUR                          |
| LaPlata  PHYSTETIAN* SMEMOTE I Hospital  OSJAL RESIDENCE IF MANABERGO MORE OR OR OR OR OR HER PORTITION, ONE RESIDENCE FOR ADMISSION   196. THE FO |           | FILE<br>FILE<br>HOUR  |                |                               | 4. RACE                | S. DATE OF BIRT | TH 6. AGE (IN                 | YEARS IF UN   |                           |                       | E '                   | MONTH DAY Y                       | EAR 1:05                         |
| LAPIATA  PROPERTY STRICT STRIC |           | ARY.<br>NOUR<br>TON S   |                |                               |                        | Aug. 2          | 2 1947 33                     |               | NOURS HOURS               | DEA                   | D                     |                                   | P N                              |
| LaPlata  PHYSICIAN'S SMETTOTE IN HOSPITAL  OSUAL RESIDENCE IF MANABERO ONE GO THER MEDITION OF RESIDENCE TO READ ADMISSION  IS CONTROLLED TO THE MEDITION OF RESIDENCE TO MANABERO ONE RESIDENCE TO MANA | •         | NEGESS<br>RA<br>REFERENCE   | FO             | REIGN COUNTRY)                |                        | 11              | SA                            | WIDOV         | ED DIVO                   | ARRIED   Ch           | arles C               | ounty                             | MD                               |
| 13. STATE   13. COUNTY   13. STATE   13. COUNTY   13. MINDE CITY MATERIAL PROPERS   13. MINDE CITY MATERIA   |           | ¥ See A   | La             | Plata                         |                        |                 |                               |               | spital                    | FOR MOST OF WO        | ORKING LIFE)          | work 126 KIND O<br>OR IND<br>Metr |                                  |
| Is. MOTHER'S MAIDEN NAME   MODIE   M   | 21201     | ANY DANY DANY DANY DANY DANY DANY DANY D  | USUA<br>13a. S | TATE D                        | 13b. COUNT             | Y               | GIVE RESIDENCE BEFORE ADMI    | ssion)        |                           |                       | Box 13                | Wash. Though                      | D.C.                             |
| SCAUSE OF DEATH Enter only one couse per line for (a), (b), ond (c):)  | RE, MD.   | EATH. IF<br>ES 1, 2,<br>I PM 3.<br>NND 2 S<br>NND 2 S<br>NND 2 S  | 14. FA         | THER'S NAME                   | m                      | MIDDLE          | 11                            | ю             | 15. MOTHER'S MA           | alden NAME            | MIDDLE                | (L) (LAST                         | Kon                              |
| SCALES OF DEATH (Enter only one couse per line for (a), (b), ond (c).)   Arterioral cardiovascular disease   MAMEDIATE CAUSE (a).   Arterioral cardiovascular disease   MAMEDIATE CAUSE (b).   Arterioral cardiovascular disease   MAMEDIATE CAUSE (c).   Arterioral cardiovascular disease   MAMEDIATE (c).   Arterioral cardiovascular   | ALTIMO    | AFTER D<br>INE PAGE<br>H FORM<br>AGES 1 A<br>ISION O  | 16a V          | AS DECEASE<br>S, NO, OR UNKNO | D EVER IN U.S. ARM     | MED FORCES?     |                               | RITY NO.      | 17. INFORMANT             | e Estelle             | M                     | Same                              | as                               |
| DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o) stofing the under lying couse lost.  (c)  PART 2 DINES SIGNIFICANT (DNDHIDDS CONTENUING ID DEATH BUT NOT RELATED ID THE TERMINAL DISEASE DR (DNDHIDD GIVEN IN PART 1 (a).  18. DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DINES SIGNIFICANT (DNDHIDDS CONTENUING ID DEATH BUT NOT RELATED ID THE TERMINAL DISEASE DR (DNDHIDD GIVEN IN PART 1 (a).  18. DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DINES SIGNIFICANT (DNDHIDDS CONTENUING ID DEATH BUT NOT RELATED ID THE TERMINAL DISEASE DR (DNDHIDDN GIVEN IN PART 1 (a).  18. DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DINES SIGNIFICANT (DNDHIDDS CONTENUING ID DEATH BUT NOT RELATED ID THE TERMINAL DISEASE DR (DNDHIDDN GIVEN IN PART 1 (a).  19. DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DINES SIGNIFICANT (DNDHIDDS CONTENUING ID DEATH BUT NOT RELATED ID THE TERMINAL DISEASE DR (DNDHIDDN GIVEN IN PART 1 (a).  19. DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DINES SIGNIFICANT (DNDHIDDS CONTENUING ID DEATH BUT NOT RELATED ID THE TERMINAL DISEASE DR (DNDHIDDN GIVEN IN PART 1 (a).  19. DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DINES SIGNIFICANT (DNDHIDDS CONTENUING ID DEATH BUT NOT RELATED ID THE TERMINAL DISEASE DR (DNDHIDDN GIVEN IN PART 1 (a).  19. DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DINES SIGNIFICANT (DNDHIDDS CONTENUING ID DEATH BUT NOT RELATED ID THE TERMINAL DISEASE DR (DNDHIDDN GIVEN IN PART 1 (a).  19. DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DINES SIGNIFICANT (DNDHIDDS CONTENUING ID DEATH BUT NOT RELATED ID THE TERMINAL DISEASE DR (DNDHIDDN GIVEN IN PART 1 (a).  19. DUE TO, OR AS A CONSEQUENCE OF  PART 2 DINES SIGNIFICANT (DNDHIDDS CONTENUING ID DEATH BUT NOT RELATED ID THE TERMINAL DISEASE DR (DNDHIDDN GIVEN IN PART 1 (a).  19. DUE TO, OR AS A CONSEQUENCE OF  PART 2 DINES SIGNIFICANT (DNDHIDDS CONTENUING ID THE TERMINAL DISEASE DR (DNDHIDD GIVEN IN PART 1 (a).  19. DUE TO, OR AS A CONSEQUENCE OF ID THE TERMINAL DISEASE DR (DNDHIDD GIVEN IN PART 1 (a).  19. DUE TO, OR AS  | 4 ST., 8, | 5 m ≤ F. O  |                | 18. CAUSE O                   | ATH WAS CAUSED         | BY:             |                               | rotic         | cardiova                  | scular dis            | ease                  | APPROXI<br>BETWEEN C              | MATE INTERVAL<br>ONSET AND DEATH |
| AT WORK AT WORK  220. I certify that I took charge of the remains described above, held an Autopa XX. Inspection I, Inquiry I, and in my opinion death resulted from: Natural causes XX accident I, Suicide I, Homicide I, Undetermined manner I, TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME  E | RESTOR    | HIN 24<br>LIN ITE<br>R ALOI<br>NSIT PE<br>L HYGIE<br>EMOVA  |                | Condition                     | 12                     |                 |                               |               |                           |                       |                       |                                   |                                  |
| AT WORK AT WORK  220 I Certify that I took charge of the remains described above, held an Autopa XX. Inspection I, Inquiry I, and in my opinion death resulted from: Natural causes XX accident I. Suicide I, Homicide I, Undetermined manner I, TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT) Mangarita A. Kore 11 M. D. ADDRESS 111 Penn Street  230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE  AT WORK AT WORK  220. I certify that I took charge of the remains described above, held an Autopa XX. Inspection I, Inquiry II, and in my opinion Undetermined manner II,  TITLE (SPECIFY)  M.D. ASSISTANT  MEDICAL EXAMINER  230. BURIAL, CREMATION, REMOVAL 23b. DATE  230. BURIAL, CREMATION, REMOVAL 23b. DATE  231. LOCATION COUNTY STATE  AT WORK  220. I certify that I took charge of the remains described above, held an Autopa XX. Inspection II, Inquiry III, and III mangarity II man | 201 W. P  | JIED WITH PENCIL EXAMINE FAL-TRAINE MENTAL ON, OR RI  |                | couse (o                      | stoting the under-     | DUE TO,         | OR AS A CONSEQUENC            | E OF          |                           |                       |                       |                                   |                                  |
| AT WORK AT WORK  220. I certify that I took charge of the remains described above, held an Autopa XX. Inspection I, Inquiry I, and in my opinion death resulted from: Notural causes XX accident I, Suicide I, Homicide I, Undetermined manner I, TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME  (TYPE OR PRINT) Margarita A. Korell M.D. ADDRESS 111 Penn Street  230. BURIAL, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMETERY OR CREMATORY 237. DATE 237. DATE 237. NAME OF CEMETERY OR CREMATORY 237. DATE  | CORDS,    | SE EXECUTOR SE EXECUTOR SE EXECUTOR SE EXECUTOR SE SE EXECUTOR SE | NO             | PART 2 DINER SI               | GNIFICANT CONDIFIONS C |                 | ATH BUT NOT RELATED TO THE TI | RMINAL DISEAS | DR CONDITION GIVEN I      | N PART 1 (q).         |                       |                                   |                                  |
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| 220. I certify that I took charge of the remains described above, held an Autops XX. Inspection I, Inquiry I, and in my opinion death resulted from: Notural couses XX accident I, Suicide I, Homicide I, Undetermined monner I, TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME  (TYPE OR PRINT) Margarita A. Korell M. D. ADDRESS 111 Penn Street  230. BURIAL, CREMATION, REMOVAL 23b. DATE  231. DATE 231. LOCATION COUNTY STATE  ACTUAL SIGNAL CREMATION, REMOVAL 23b. DATE  232. NAME OF CEMETERY OR CREMATORY COUNTY STATE  ACTUAL SIGNAL CREMATION, REMOVAL 23b. DATE  234. DATE 237. NAME OF CEMETERY OR CREMATORY COUNTY STATE  ACTUAL SIGNAL CREMATION, REMOVAL 23b. DATE  234. DATE 237. NAME OF CEMETERY OR CREMATORY COUNTY STATE  ACTUAL SIGNAL CREMATION, REMOVAL 23b. DATE  235. BURIAL, CREMATION, REMOVAL 23b. DATE  236. BURIAL, CREMATION, REMOVAL 23b. DATE  237. NAME OF CEMETERY OR CREMATORY  ACTUAL SIGNAL CREMATION, REMOVAL 23b. DATE  238. DATE 237. NAME OF CEMETERY OR CREMATORY  ACTUAL SIGNAL CREMATION, REMOVAL 23b. DATE  237. NAME OF CEMETERY OR CREMATORY  ACTUAL SIGNAL CREMATION, REMOVAL 23b. DATE  238. DATE 270. DATE  ACTUAL SIGNAL CREMATION, REMOVAL 23b. DATE  238. DATE 270. DATE  239. DATE 270. DATE  230. DATE 270. D | DIVISK    | WRITING<br>WRITING<br>WARDED 1<br>AGE 3 SH<br>ATE DEPA<br>1201 PRIG   | MEDIC          | WHILE                         | NOT WHILE              |                 |                               |               |                           | CITY OR T             | OWN                   | COUNTY                            | STATE                            |
| BP Rurial July 21. 1981 HILLCREST CEMETERY OF CREMATORY PROPERTY OF CHARACTERY OF CREMATORY PROPERTY PROPERTY PROPERTY OF CREMATORY PROPERTY  | •         | EXAMINER: IT<br>CERTIFICATE,<br>JLD BE FORW<br>DIRECTOR: PI<br>WITH THE ST<br>AARYLAND, 2   |                | , deoth result                | ,                      |                 |                               |               | , Homicide TITLE (SPECIFY | Undetermined r        |                       |                                   | 01                               |
| BP Rurial July 21. 1981 HILLCREST CEMETERY OF CREMATORY PROPERTY OF CHARACTERY OF CREMATORY PROPERTY PROPERTY PROPERTY OF CREMATORY PROPERTY  |           | LEDICAL<br>JETHE<br>A SHOU<br>NERAL<br>R DEATH,<br>MORE, A  | -              | SIGNATURE                     | NAME                   | e me            | Joseph                        | ^             |                           | MEDICAL EXA           |                       | SIGNED /-18                       | •0T                              |
| BP Burial July 21, 1981 Hillcrest Cemetery Appapolis AA. MD  |           | TO M<br>PAGE<br>TO PL<br>A FTER<br>3ALTI  | 73a B          | (TYPE OR PRI                  | NI) Margar             |                 |                               | EMETERY       | ADDRESS.                  |                       |                       |                                   |                                  |
| 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. BEGISTRAR SIGNALIJE   |           |   | 0              | uria                          | 1                      | Tuly 21,1       | 1981 Hiller                   | est           | Cemete                    | ry Anna               | Polis                 | AA.                               | ND                               |
| CIC (VRAIS ME (5)) Taylor Funeral Chapel, Annapolis, Mu) JUL & 1 1301 Planes   | Fel       | -(VR A15 ME (5))  | 10             | VOY                           | Tunera                 | 1 1             |                               | polis         | L ILM                     | 111 2 1 190           | 6                     | ( ) en-                           | ler .                            |

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| 10   |       | FOR<br>STATE<br>REGISTRAR  |               |                     | DEPART                   |             | ATE OF DEATH                    | HYGIENE 8                               |  | 186               | 0 3            |  |  |  |  |
|  |       | 1 DECEASED NAME            | FIRST         |                     | MIDDLE                   | LAS         |                                 | 20. DATE                                | REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 26. H |                   |                |  |  |  |  |
| nay be<br>page 3<br>er death   | 10    | (TYPE OR PRINT)            |               |                     | leanor                   | 01.         | iver                            |   | Toom   | 7. 1981           | 1.50           |  |  |  |  |
| pod pod  | A.J.Y | 3. SEX                     | Mildr         | 4 RACE              | TEAHOL                   | 5. DATE OF  |                                 | 6 AGE (1                                | June  YEARS (AST BIRTHDAY)                       | IF UNDER I YEAR   | 1:50a          |  |  |  |  |
| office of  | -     | Female                     |               | Whi                 | te                       | Mar.        | 2,1922 YEAR                     |   | 59 YF  | MONTHS DAYS       | HOURS M        |  |  |  |  |
|  | 1     | To. BIRTHPLACE (STATE)     |               |                     | WHAT COUNTRY?            | 8           |                                 | 9. BALTIN                               | ORE CITY OR COU                                  |                   | -              |  |  |  |  |
| death. Page  | 35    | Maryland                   |               | 11.                 | S.A.                     | WIDOWED     | NEVER MARRIED  DIVORCED         | 7                                       | Charle   | e                 |                |  |  |  |  |
|  |       | 10 CITY OR TOWN OF D       |               | 11. NAME OF         | HOSPITAL, NURSIN         | IG HOME OR  | OTHER INSTITUTION               |   | LOCCUPATION                                      | 12b. KIND C       | OF BUSINESS    |  |  |  |  |
| is ofter   | 004   | La Plat                    |               |                     | CH FACILITY, GIVE STREET |             | Joanital                        |   | ORK FOR MOST OF WORKIN                           |                   |                |  |  |  |  |
| D or o   |       | WOUAL RESIDENCE (IF N      | URSING HOME O | R OTHER INSTITUTION | cians Mem                | ADMISSION)  |                                 |   | cmer   | Far               | ming           |  |  |  |  |
| filled<br>ould b   | 34    | 13a STATE                  | 13b COU       | arles               | Newbur                   |             | BIL INSIDE CITY LIMITS YES NO 🔀 | Rt.                                     | T ADDRESS  | x 128             |                |  |  |  |  |
| rathin<br>2 sho  |       | Md .                       | Cite          | arres               | MEMBUL                   |             | MOTHER'S MAIDEN                 |   | +1 60  | X 120             |                |  |  |  |  |
| 5 - 70 9   | Sh    | FIRST                      |               | MIDDLE              | LAST                     |             | FIRST                           |   | MIDDLE   | ŧA!               | .ST            |  |  |  |  |
| comp   | UU    | John Tho                   |               |                     | 166 SOCIAL SECL          | IPITY NO. 1 | Grace I                         | L. KIC                                  | ADDRESS  |                   |                |  |  |  |  |
| Page   |       | (YES, NO OR UNKNOWN)       |               | NE WAR OR DATES)    |                          | -           |                                 |   |  |                   |                |  |  |  |  |
| D 0 0 0  |       | NO                         |               |                     |                          |             | Francis                         | G. 01:                                  | lver sa  | me as #           |                |  |  |  |  |
| physical<br>physical<br>paper<br>naval.  |       | 18 CAUSE OF DEATH          | ATH (Enter o  | nly one couse per   | ine for (0). (b), or     | dicit       | 11                              | . 1                                     |  | BETWEEN           | LONSET AND DEA |  |  |  |  |
| ph ph  |       | PART I. DEATH              | IMMEDIA       | TE CAUSE (a)        | Moc                      | Ore         | dulle                           | 2                                       | w-   | -                 |                |  |  |  |  |
| ding<br>brbc   |       | 593                        | 9             |                     | R AS A CONSEO            | nuce (a)    | no                              | t due x                                 | oprocedu   | ire               |                |  |  |  |  |
| tend<br>tend<br>on, o  |       | Conditions, if o           | ou which      | DUE TO, O           | RAS A CONSECUL           | MX L        | Kais on                         | al al                                   | thus s   | ection            |                |  |  |  |  |
| e de at  | -     | gove rise to i             | mmediate      | (b)_                | 1                        | 1           | 1000                            | 1                                       | 1000   |                   |                |  |  |  |  |
| by th  | - 17  | underlying cou             |               | DUE TO,             | RAS A CONSEOU            | Rin         | allue                           | Bear                                    | ed   |                   |                |  |  |  |  |
| ned ned  |       | PART 2. OTHER SI           | GNIFICANT     | CONDITIONS          | ONTRIBUTING TO           | DEATHBUT N  | OT RELAND TO THE                | RAPINAL DISE                            | SE OF CONDITION                                  | GIVEN IN PART 1   | (0)            |  |  |  |  |
| Ther<br>rotor  |       | 3 Alul                     | *K            | esseri              | 1 cute                   | rke         | 1 Dates                         | " Under                                 | 1  |                   |                |  |  |  |  |
| beer prior   | 5     | NO DATE OF OPER            | RATION        | N. COND             | ITION FOR WHICH          | OPERATION   | WAS PERFORMED (                 | 28e. AU                                 | 20b IF   | YES, WERE FINDI   | NGS USED       |  |  |  |  |
|  | d     | 190 DATE OF OPER           |               |                     |                          |             |                                 | NES [                                   | NO SO  | RTIFYING CAUSES   | S OF DEATH?    |  |  |  |  |
| ICIAN: The physicion pertificate la  |       | 210. ACCIDENT WAS          | INDERLYING [  | 21b. TIME C         | F INJURY                 |             | It. HOW INJURY OC               | Control States                          |  |                   | ,,,,           |  |  |  |  |
| phys<br>phys<br>phys<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physical<br>physic |       | On COLUMNIA TO THE         |               |                     |                          | AY YEAR     |                                 |   |  |                   |                |  |  |  |  |
| HYSIC<br>nding<br>his cer<br>buria<br>d Ment   | 1     | (IF EITHER NOTIFY M        |               | ?le PLACE           | M.<br>OF IN ILIRY        | 19          | II LOCATION                     |   |  |                   |                |  |  |  |  |
| G PHYSICIAN: The Internating physicion.  This certificate has the burial-transit per the burial-transit per the burial-transit per don Amental Hygiene and Amental Hygiene.  |       |                            | WHILE [       |                     | REET, FACTORY, OFFICE, F |             | 199657                          |   | CITY OR TOWN                                     | COUNTY            | STATE          |  |  |  |  |
| Z tota   |       | AT WORK AT                 | VORK          |                     |                          | 111         | DAY                             | 71                                      | 6/11   | 0/                |                |  |  |  |  |
| Z - Z S S S  |       | 220.1 certify that         | -             |                     | e deceased from          | 9           | 19_                             | , 10                                    | 6/   |                   | thot (I) (we)  |  |  |  |  |
| R ATTE<br>hospite<br>IRECTO<br>hed for<br>ept. of  |       | obove dieve                | d alive of    | at view the body    | after death              | ond.        | that is my (dur) apir           | nion death accui                        | red on the date and                              | haur and from the | couses stated  |  |  |  |  |
| 8 4 8 9 5  | -   - | 27% SHGNATURE              |               | 21                  | , It                     | DE          | GREE                            | 111111111111111111111111111111111111111 |  | 22c. DATE         | SIGNED         |  |  |  |  |
| 75 750 -   |       | 1 /20                      | ocy           | 21.1                | CAL                      | w           | ATTENDIN<br>PHYSICIAI           | G MEDICA<br>DIRECTO                     | R PHYSICIAN                                      | 6                 | 718            |  |  |  |  |
| HOSPITAL ned by the FUNERAL uld be deto the Store of the  | 1     | 774 PEWERCIAN'S            | NAME THE      | OR PRINT)           |                          |             | 20 ADDRESS                      | 1                                       |  | (1)               |                |  |  |  |  |
| 0 0 D D E &  |       | Coome                      | a Uath        | - W D               |                          |             | N. Kl.                          | uter 1                                  | mo. 7  | 0646.             |                |  |  |  |  |
| TO H<br>TO F<br>should<br>with   | -     | 23a BURIAL, CREMATIO       |               | en, M.D.            |                          | NAME OF CT  | NEWRY OR CREMATO                | DV [224 10                              | CATION   |                   |                |  |  |  |  |
| D.D.   |       | (SPECIFY)                  |               |                     |                          |             |                                 | C                                       | TY OR TOWN                                       | COUNTY            | STATE          |  |  |  |  |
| BP   |       | Bur<br>24 FUNERAL DIRECTOR | ial           | 6-10                | -81  Ch                  | rist        | Ch. Ceme                        | tery W                                  | ayside C   | harles            | Maryl          |  |  |  |  |
| DHMH-16 30M 2/80   |       | 24 FUNERAL DIRECTOR        |               |                     | ADDRESS                  |             |                                 |   | REGISTRAR 25b. RE                                |                   | RE             |  |  |  |  |
| (VRA 15, 4)  |       | Archart F                  | uner          | al Home             | 1.a D1                   | ata M       | d                               | ITIN 1 1                                | 1921 /54   | in they from      | The said       |  |  |  |  |

temale delice delice came to Haryland 1.5. x .... barlen Me. Desides Memburg X Test 12 Box 12 John Promes Goldswillin Inde Atwas ame Fevil . To alment 0:01-10-525 Borist . . 6-10-61 Christ the Compton which continue the Di-d Account summers, apple 12 Plans, Mo. 1981 1881 1881 1881 1881

|   |               | FOR<br>STATE  |  | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0  |                           |                                 |  |            |                      |                             |             |                         |                            |                           |            | 4          |  |  |
|---|---------------|---|--|--|---------------------------|---------------------------------|--|------------|----------------------|-----------------------------|-------------|-------------------------|----------------------------|---------------------------|------------|------------|--|--|
|   |               | REGISTRAR   |  | MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  |                           |                                 |  |            |                      |                             |             |                         |                            |                           |            |            |  |  |
| RS<br>IT,   |               | CEASED NAME<br>E OR PRINT)  | Robe   | rt   | Shell                     | rman                            |  | Proct      | for                  | 20                          | UF          | KNOWN<br>ESTI-<br>MATED |                            | 20                        |            | 26 HOUR    |  |  |
| FILED, WITHWITZHOURS  | 3 SEX         | ale   | 4. RACE<br>black   | 5. DATE OF BIRTH   | 1 1 9 1                   | 6. AGE (IN YEAR                 | ) MONTH  | DER 1 YR.  | IF UNDER 24          |                             | DATE        | NCED                    | MON'                       |                           | -          | 2d HOUR    |  |  |
| 25  | 7a. Bi        | RTHPLACE (ST.   | le, Md.  | 76. CITIZEN OF W   |                           | NTRY?                           | R  | A          | /ER MARRIED          |                             |             |                         | TITY OR COUNTY OF DEATH PM |                           |            |            |  |  |
| \$00<br>\$00  |               | TY OR TOWN O  | OF DEATH   | 11. NAME OF HO   | ACILITY, GIVE             | JRSING HOME,<br>STREET ADDRESS) | OR OTHE  | R INSTITUT | ION 1                | 20 USUA                     | LOCCU       | PATION I                | TYPE OF WO                 | Ser 1126 KIND OF BUSINESS |            |            |  |  |
| сах<br>25<br>25   | USUA          |   | IF IN NURSING HOME COUN  | Welcome, MD at his ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TIES  13c. CITY OR TOWN Welcome                     |                           |                                 | 0N)   13d INSIDE CITY LIMITS?   13e STREET ADDRESS |            |                      |                             |             |                         |                            |                           |            | me, Md     |  |  |
| N80   | 14. FA        | THER'S NAME   |  | WIDDLE   |                           | roctor                          |  | 15 MOTHE   | R'S MAIDEN<br>Estell |                             | IDDLE       | I V CI                  |                            | ctor                      |            |            |  |  |
| ISIONO  | 16a. V        |   | DEVER IN U.S. AR   | S. ARMED FORCES? S. GME WAR OR DATES)  16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  220-09-3074 Jane Proctor(wife) Welco |                           |                                 |  |            |                      |                             |             |                         |                            |                           |            |            |  |  |
| AS A BORGIN - IRANAIL FERMIL: FACES I AND 2 SHOULD BE THEU. SALIH HAD MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W CREMATION, OR REMOVAL. |               | Canditian<br>gave rist<br>cause (a)<br>lying caus   | s, if any, which e to immediate stating the <u>underselast</u> . | TE CAUSE (a) H   | perto<br>RASACO<br>RASACO | ensive (                        |  |            |                      |                             | se          |                         |                            | BE                        | APPROXIMAT | E INTERVAL |  |  |
| OF HEALTH A   | CERTIFICATION | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?          |  |  |                           |                                 |  |            |                      |                             |             | 20                      | AUTOPSY                    | ?                         |            |            |  |  |
| 3   |               | UNDERLYING  | L CAUSE WAS OR IG CAUSE OF I                                     |  | M. MONTH                  | DAY YEAR                        | 21c HO   | W INJURY ( | OCCURRED (           | (ENTER NAT                  | TURE OF INJ | URY IN ITEM             | 18 PART I OF               | R PART 2)                 | YES 🗆      | NO         |  |  |
| LAUI FRI  | MEDICAL       | 21d INJURY O  |  | 21e PLACE  |                           | (AT HOME,                       | 21f. LOC   | ATION      |                      | (                           | CITY OR TO  | WN                      |                            | COUNTY                    |            | STATE      |  |  |
| BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,   |               | 22a   Certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry x and in my apinion death resulted fram: Natural cosses x Accident , Suicide , Hamicide , Undetermined manner , |  |  |                           |                                 |  |            |                      |                             |             |                         |                            | 21/81                     |            |            |  |  |
| 244 T   | (5            | Buria]  |  |  | 23с.                      | NAME OF CEM                     | TERY OR  |            | RY                   | 23d. LOC.<br>CITY OR<br>H11 | ATION       |                         | C                          | ounty                     | S'         | TATE Ctv.  |  |  |
| H - 17<br>ME (5))   | -             | NERAL DIRECT  |  | s. F.H.  |                           | Kenne                           |  | t N        | Sa. DATE REC         | 0 198                       |             | R SS. RE                |                            |                           |            |            |  |  |

1: Carrio Tolono Marshman Traumil American personal and a first personal state of the contract of LINK W. C. Company of the company of and the second s Company of the compan

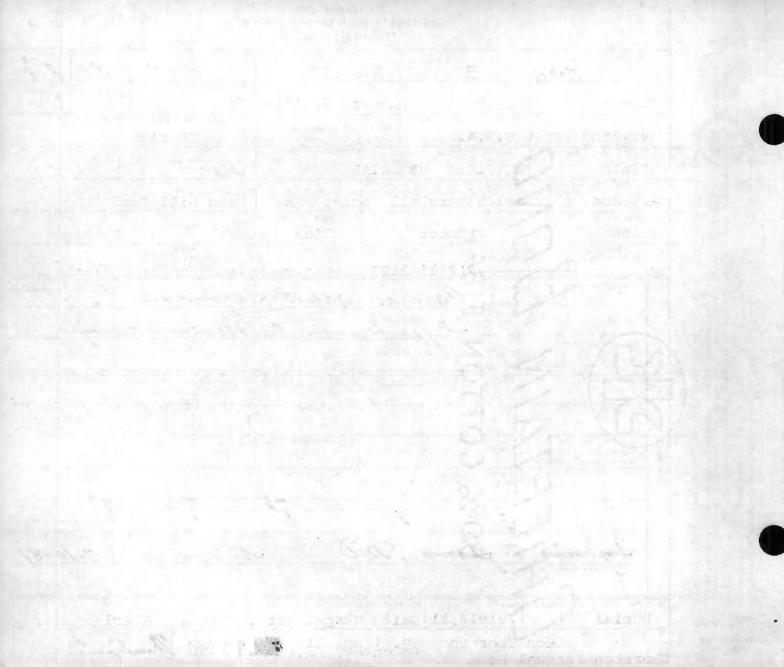
| 100  | 1-            | FOR<br>STATE<br>REGISTRAR   | DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF REG. NO.  | 3 6 0 5  |
|--|---------------|---|--|--|
| nay be<br>page 3<br>rr death   |               | CEASED NAME Lillian   | MIDDLE LAST 20. DATE OF DEATH MONTH DAY  | 981 6 BM   |
| Poge 4 mg  | 3. SE         | Fernale.  | Cau. July 22 1965 76 YRS. MON  | INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.  |
| deoth. P   | N             | RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  TY OR TOWN OF DEATH                                      | 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF WIDOWED DIVORCED 120 USUAL OCCUPATION 120 USUAL OCCUPATION | MD. 12b. KIND OF BUSINESS OR   |
| 1201<br>nurs ofter   | LA            | PLATA.  | THE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Thy Stcians Memorial Don: H (TYPE DIF WORK FOR MOST OF WORKING LIFE)                          | Own Home   |
| LAND 213   | 130.          | TATE 136. COUN  |  | Home.  |
| SE, MARY scuted with 1 complete 1s 1 and 2   | F             | vauci's   | BOWLE LIST RIPERST RIPERST RIPERST RIPERST ADDRESS   | ay,  |
| BALTIMORE, MARYLAND 2120' cote be executed within 24 hours in the pers. Pages I and 2 should be file vol.  tt, the medical examine must be mus | ()            | 18 CAUSE OF DEATH (Enter gol  | Ne WAR OR DATES) 215.38-6102 Frances E. Dodson, LAP  | LA-TA. Md,  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH   |
| ST.,   | 5             | PART I. DEATH WAS CAUSED  | DUE TO, OR AS A CONSEQUENCE OF   | 2 m  |
| 1 W. PRESTON that the death of by the attendin case remove carb ol, cremotion, or r  |               | Conditions, if ony, which<br>gove rise to immediate<br>couse (a), stating the<br>underlying cause lost. | (b) Lotar poneumoni, left lova lote.  DUE TO, OR AS A CONSEQUENCE OF   | 13 days  |
| requires the signed to the plea  | NOI           |   | CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN   |  |
| TALRECO  | CERTIFICATION | 190 DATE OF OPERATION   | YES NO YES   |  |
| SICIAN. ng physical trainer and Hymen 18   | MEDICAL CE    | 210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)        | ATH HOUR A.M. MONTH DAY YEAR R) P.M. 19  | OR PART 2)   |
| DIVISION DING PHY After this e as the bu alth and M marked or  | MED           | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  | (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN   | COUNTY STATE   |
| TOR.<br>TOR.<br>TOR.<br>21 is  |               | sow the deceased alive on   | not offended the deceased from   | that (I) (we) lost and from the couses stated  |
| RAL Despete De | (             | THE PHYSICIAN'S NAME (TYPE OF   | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   | 23 July 81   |
| TO HOSPITAL<br>retained by 1<br>TO FUNERAL<br>should be defined<br>with the State  | 230 E         | ARTHUR O  | D. WOODDY, M.D. Box 430 LAPLATA, M.D. 206<br>1 1236 DATE 1236 NAME OF CEMETERY OF CREMATORY 1236 LOCATION                                    |  |
| BP   |               | Burial  | 7-27-81 Old Fields Ch. Cem. Hughesvitte G  | has Md.  |
| DHMH: 16 30M 2/80 (VRA 15, 4)  |               | neral director rehart Funera  | al Home, Inc. La Plata, Md.  | The state of the s |

STATE OF MARYLAND

Told transfer of flysedness in the Co. Tellin Chart Holling Chart Holling Co. Telling Co. Acestock Funeral Home, Inc. in Platn, Nd.

Phornton Funeral Home

STATE OF MARYLAND



|                            | /  |               |                           |                  |             |            |               |               |                         |              | ARYLA         |               |            |              |                |             |            |                           |                |
|----------------------------|--|---------------|---------------------------|------------------|-------------|------------|---------------|---------------|-------------------------|--------------|---------------|---------------|------------|--------------|----------------|-------------|------------|---------------------------|----------------|
| 4                          |  | 1.            | FOR<br>STATE              |                  |             |            |               | DEPART/       | MENT OF                 | HEALTH       | AND M         | ENTAL         | IYGIEN     | 5            |                |             | 8          | 6 0                       | 1              |
|                            |  |               | REGISTRAR                 |                  |             |            | ME            | DICALI        | EXAMIN                  | ER'S C       | ERTIFI        | CATEC         | F DEA      | TH '         | REG.           | NO.         |            |                           |                |
|                            |  |               | CEASED NAME               |                  | FIRST       | -          |               | MIDDLE        |                         |              | LAST          |               |            | 20. DATE     | KNOWN          | MOH MOH     | NTH DA     | YEAR                      | 2b. HOUR       |
|                            | E S S S E  | (13)          | E OR PRINT)               | E ~ .            | 220         | S O N      | li aha        | 01 0          |                         |              |               |               | 1000       | OF<br>DEATH  | ESTI-<br>MATED | <b>☑</b> 7  | 7 10       | 1981                      |                |
|                            | DIRECTOR.  OUR FILES.  TO MOURS  TON STREET,   | 3. SE2        | ( )                       | 1. RACE          | aric.       |            | of BIRTH      | el 3          | LILIV                   |              | DER 1 YR      | IF UNDER      | 24 HPS     | 2c. DATE     |                | MON         |            |                           | M HOUR         |
|                            | R F STI  |               |                           |                  |             | MONTH      | DAY           | YEAR          | LAST BIRTHO             |              |               | HOURS         | MIN.       | PRONOUN      | ICED           |             |            |                           | 12:40<br>12:40 |
| -                          | #00'50   |               | le                        | Whi              |             | Mar        | . 8,          | 1908          | 73 YI                   | RS.          |               |               |            | DEAD         |                | /           | 7 11       | 17"                       | D M            |
|                            | STATE OF THE STATE |               | RTHPLACE (ST.             | ATE OR           |             | 76 CITIZ   | EN OF WH      | IAT COUN      | TRY?                    | 8. MARRI     | ED NE         | VER MARR      | ED 🔯       | 9. BALTIM    | ORE CITY       | ORCO        | UNTYO      | FDEATH                    |                |
|                            | 当時を  | N             | larylar                   | nd               |             |            | U.S.          | A.            |                         | WIDOW        | ED 🗆          | DIVORC        | ED D       |              |                | Cha         | arle       | s                         | MD.            |
| 17                         | HOUSE .  | 10 C          | TY OR TOWN                | F DEATH          |             | 11. NAA    | AE OF HOSE    | PITAL, NUE    | RSING HOME              | , OR OTH     | ER INSTITU    | TION          | 120 USL    | IAL OCCUP    | NOITA          | TYPE OF WO  | DRK 12b.   | KIND OF BU                | JSINESS        |
|                            | 教師に従っく   |               | T - D1 -                  |                  | -           |            |               |               | REET ADDRESS)           | 1 - 1        | Clam          | - A 5- a      |            | AOST OF WOR  |                | - 34.       |            | OR INDUST                 |                |
| - 1                        | Saz S  | USU           | La Pla                    |                  | G HOME OR   | R OTHER IN | SICI          | E RESIDENCE   | Memor<br>BEFORE ADMISSI | Tal          | Gnos          | pita          | 1 Re       | c. Re        | efri           | Q . ME      | eqn.       | Dai                       | ry             |
| 6                          | 3955821  |               | TATE                      | 13b.             | COUNT       | Υ          |               | 13c CITY      | OR TOWN                 | - /          | 13d. INSIDE ( | ITY LIMITS?   | 13e. STRI  | EET ADDRE    | SS             |             |            |                           |                |
| 2120                       | で 日本 日本 こ  |               | Md.                       |                  | Char        | rles       | 5             | Hug           | hesvi                   | lle          | YES 🗌         | NO D          | Hot        | tel (        | Char           | les         |            |                           |                |
| MD.                        | RA PM 3.   | 14. F         | ATHER'S NAME              | 7 3              |             | MIDDLE     |               |               | LAST                    |              | 15. MOTH      | ER'S MAID     | ENNAME     | AA           | IDDLE          |             | . 9        | LAST                      |                |
| 2.                         | S S S S S S S S S S S S S S S S S S S  |               | John                      |                  |             | Τ          |               |               | livar                   | ,            | Ma            | arv           |            | Agne         |                |             | Cor        | wav                       |                |
| Ö                          |  | 16a. \        | VAS DECEASED              | EVER IN L        | J.S. ARM    | AED FOR    | CES?          |               | IAL SECURIT             |              | 17. INFOR     |               |            | rigin        |                | SSR+        | #1         | Box                       | 118            |
| BALTIMORE,                 |  | (Y            | ES, NO, OR UNKNO          | VN) (IF)         | YES, GIVE W | VAR OR DA  | res)          | 212           | -07-0                   | 0027         | M =           |               | Chin       |              | MIL            | - Alba      | 11 -       |                           | 110            |
| NA.                        | JRS AFI  |               | NO                        |                  |             |            |               |               |                         | 1037         | Mary          | C.            | Stua       | art          | 146            | PADU        | irg,       |                           |                |
|                            |  |               | 18. CAUSE OF<br>PART I DE | DEATH (E         | enter anly  | y one cau  | se per line   |               |                         |              |               |               |            |              |                |             | В          | APPROXIMAT<br>ETWEEN ONSE | T AND DEATH    |
| Z                          | N 24 HC<br>N ITEM 1<br>ALONG<br>T PERMIT<br>YGIENE,  | - 100         | 1/00                      |                  | MEDIATE     | E CAUSE    | 1-7           |               | oscle                   |              | care          | iovas         | cula       | r dis        | ease           |             |            |                           |                |
| 0                          | HYG PI   |               | 4-29                      | al.              |             | ( DI       | UE TO, OR     | AS A CON      | SEQUENCE                | OF           |               |               |            |              |                |             |            |                           |                |
|                            | H S S S S S S S S S S S S S S S S S S S  |               | Condition                 | if any,          | which       |            | (b)           |               |                         |              |               |               |            |              |                |             |            |                           |                |
| Α.                         | PENCIL IN<br>AMINER A<br>L.TRANSIT<br>SENTAL HY  | -             | cause (a)                 | tating the       |             | ) DI       | /             | AS A CON      | SEQUENCE (              | OF.          |               |               |            |              |                |             |            |                           | 150            |
| 301 W. PRESTON ST.,        | E X X X X  |               | lying caus                | e last.          |             | 1          |               |               |                         |              |               |               |            |              |                |             |            |                           |                |
| e,                         | ECUTED WITHIN 37" IN PENCIL IN A1 EXAMINER A BURIAL-TRANSIT IND MENTAL HY NO REMOVAL   |               | PART 2 DINER SIC          | NIEICANT COA     | MOITIONS CO | ONTRIBUTU  | (c)           | INT MOT BELL  |                         |              |               |               |            |              |                |             |            |                           |                |
| DIVISION OF VITAL RECORDS, | AZSA+E   | z             | PART 2 OTNER SIG          | MIFICANT CUP     | MUITIUMS CI | UNIKIBUIII | NG TO UEATH B | UI NUI KELAI  | IEO IO INE IERM         | INAL DISEASE | OR CONDITIO   | N GIVEN IN PA | RT 1 (a).  |              |                |             |            |                           |                |
| Ü                          | MED AS AS EALTH  | CERTIFICATION | 19a. DATE OF              | ODEDATIO         | 141         | Lie        | L COMPLE      | 10115001      | WHICH OPER              | 17101111     | AC BEREOR     |               | 10.00      |              |                |             | 1          |                           |                |
| 1                          | 00=04  | ₫             | THE DATE OF               | DEKATIO          | 714         | 119        | b. CONDII     | ION FOR V     | WHICH OPER              | ATION W.     | AS PERFOR     | (MED?         |            |              |                |             | 20         | AUTOPSY                   | ?              |
| 1                          | SHO<br>ORD<br>ORD<br>CHIE<br>CHIE<br>LT OF   | E             |                           |                  |             |            |               |               |                         |              |               |               |            |              |                |             |            | YES 🗌                     | NO X           |
| OF.                        | 111 S 111 7 =  | W             | 210 EXTERNA               | -                | VAS         |            | TIME OF       |               | DAY YEAR                | 21c. HC      | OW INJURY     | OCCURRE       | D LENTER N | ATURE OF INJ | URY IN ITEM    | 18 PART 1 C | OR PART 2) |                           |                |
| · Z                        | FICATE WOOD THE WOOD THE WINNER RIMEN  | ×             | UNDERLYING<br>CONTRIBUTIN | U OR<br>IG □ CAU | ISE OF DI   |            | P.M.          | MOITI         | 19                      |              |               |               |            |              |                |             |            |                           |                |
| ISIC                       | FULLAR   | MEDICAL       | 21d INJURY O              | CCURRED          |             |            | e PLACE O     |               | (AT HOME,               |              | CATION        |               | 1          |              |                |             |            |                           |                |
| 2                          | S C S C S C S C S C S C S C S C S C S C  | E             | WHILE AT WORK             | NOT WH           | ILE         | )          | STREET, FACTO | ORY, FARM, ET | (C.)                    | 5            | TREET         |               |            | CITY OR TOV  | WN             |             | COUNTY     |                           | STATE          |
|                            | IER: THIS CER<br>TATE, WRITING<br>FORWARDED<br>DR: PAGE 3 S<br>HE STATE DEP<br>D, 21201 PRIC   |               | AT WORK                   | AI WORK          | K           |            |               |               |                         |              |               |               |            |              |                |             |            |                           |                |
|                            | ATER:<br>FOR<br>TES  |               | 22a. I certil             | that I taa       | k charge    | af the re  | emains desc   | ribed aba     | ve, held on             | Autops       | sy 🔲,         | Inspectio     | n LJ,      | Inquiry      | LX.            | and in m    | y apinian  | •                         |                |
|                            | AN THE PERSON  |               | death resulte             | d Irom           | Natura      | al causes  | X.            | Accident      | , Su                    | icide .      | , Hami        | cide .        | Undete     | rmined mo    | inner          | ],          |            |                           |                |
|                            | RYL<br>RYL   |               |                           | 1                | 14          |            | 100           | 1             |                         |              | TITLE (S      | PECIFY)       |            |              |                |             |            |                           |                |
|                            | MA WA  |               | ACTUAL<br>SIGNATURE_      | 11               | M           | 1          | $\forall X$   | 1             |                         |              |               | stant         | MEDI       | CAL EXAM     | 15.15.0        | DA          |            | 7-14-                     | -81            |
|                            | SH SH SH   |               | SIGNATURE                 | 1                | 1.00        | 0          | 1             | -             |                         | In DO        | D. (135)      |               |            |              |                | SK          | GNED       | / 17                      | 01             |
|                            | W D W  | 1             | EXAMINER'S N              | LAME             | \ An        | in M.      | Dixo          | on, M.        | .D.                     |              |               | 11            | 1 Pe       | nn St        |                |             |            |                           |                |
|                            | TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21   | 20. 5         | (TYPE OR PRIN             |                  | ,           |            |               |               |                         |              | ADDRESS_      |               | 100111     |              |                |             |            |                           |                |
| 20                         | F iii d i ≠ 4 m  | 23a. B        | URIAL, CREMAT             | ION,REMO         | DVAL [ 73]  |            |               |               | IAME OF CEA             | METERY O     | RCREMAT       | ORY           | Z3d. LO    | CATION       |                | - 1         | COUNTY     | S                         | TATE           |
| Jeh                        | BP   |               |                           | rial             |             | 7-         | -14-8         | 1 Tr          | cinity                  | y Mei        | m. G          |               |            | ldor         |                | arl         |            | Maryl                     | and            |
|                            | DHMH - 17  | 24. F         | UNERAL DIRECT             | OR               |             |            | ADDRESS       |               |                         |              |               | 25e. DATE     | REC'DIBY   | REGISTRA     |                |             | R'S SIGN   | ATURE T                   | ۵              |
|                            | (VR A15 ME (5))<br>15M 7/77  | A             | rehart                    | Fun              | era         | 1 H        |               | La            | Plata                   | bM.          |               | Ai            | 124        | 130          |                | iamu        | John       | ollary                    | Con            |
|                            |  | 7 47          |                           |                  |             |            |               |               |                         |              |               |               |            |              |                |             | 200        |                           |                |

The state of the s Line Lynn Le Plate. In Physiotians Dissert Figure 1 and D. Reffel C. Reffel C. Reffel D. Balay suited feets to a flavored out a solet charter. Sound to Sellivan they less the Convey Manual 241-07-0037 Heavy M. Sepont . Hardwary, Md. Sucial to Juliated Trigity Days, Garden Waldorf Churles Market Archart Funeral Hotel La Bists, Md.

